

**CITY OF FRANKFORT, KENTUCKY**  
**QUARTERLY INSURANCE PREMIUM LICENSE FEE RETURN**  
**LICENSE FEE DIVISION**

PLEASE USE THIS FORM OR INDICATE ACCOUNT NO. ON YOURS

ACCOUNT NO.	FOR QUARTER ENDING	DUE ON/OR BEFORE

TO:

EMPLOYER IDENTIFICATION NUMBER

TELEPHONE NUMBER

LINE OF INSURANCE	(1) ESTABLISHED TAX RATE %	(2) PREMIUMS RECEIVED	(3) TAX PAYABLE (1) x (2)	(4) COLLECTION FEE RETAINED	(5) AMOUNT COLLECTED FROM POLICYHOLDERS
<b>1ST QUARTER:</b>					
CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
<b>TOTAL:</b>					
<b>2ND QUARTER:</b>					
CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
<b>TOTAL:</b>					
<b>3RD QUARTER:</b>					
CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
<b>TOTAL:</b>					

**4TH QUARTER:**

	(1) ESTABLISHED TAX RATE %	(2) PREMIUMS RECEIVED	(3) TAX PAYABLE (1) x (2)	(4) COLLECTION FEE RETAINED	(5) AMOUNT COLLECTED FROM POLICYHOLDERS
CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
<b>TOTAL:</b>					

**ANNUAL TOTALS:**

CASUALTY	6%				
FIRE & ALLIED PERILS	6%				
HEALTH	6%				
INLAND MARINE	6%				
LIFE	6%				
MOTOR VEHICLE	6%				
<b>TOTAL:</b>					

MAKE CHECK PAYABLE TO:

DIRECTOR OF FINANCE, CITY OF FRANKFORT

**TOTAL**

\$ \_\_\_\_\_

MAIL ORIGINAL TO:

**INTEREST (KRS 131.010.6)**

\_\_\_\_\_

LICENSE FEE DIVISION, MUNICIPAL BUILDING  
P.O. BOX 697  
FRANKFORT, KY. 40602

**TOTAL AMOUNT DUE**

\$ \_\_\_\_\_

FOR INFORMATION CONCERNING THIS RETURN,  
PLEASE CALL (502) 875-8504

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES  
ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
(SIGNATURE)\_\_\_\_\_  
(TITLE)\_\_\_\_\_  
(DATE)